



Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

E. Mitchell Roob Jr., Secretary

TO: Potential State School Age Child Care (SACC 0202) Grantees

FROM: Michelle A. Thomas

DATE: December 7, 2007

RE: Application (RFF) for FY 2009 and FY 2010 School-Age Child Care Project Fund

The Indiana Family and Social Services Administration (FSSA), Division of Family Resources, Bureau of Child Care (BCC) announces the availability for funds for school-age child care through the state funded School-Age Child Care Project Fund for FY 2009 through FY 2010.

The purpose of the School-Age Child Care Project Fund (0202) is to support a school age child care program which offers care to children between the ages of 5 to 15 to include:

- before and/or after school care
- periods when school is not in session excluding summer break
- care for children that attend kindergarten - either full or half day kindergarten
- care for children that are enrolled in summer school

The FY '09/FY '10 contract will be effective from July 1, 2008 to June 30, 2010.

If you are a School Corporation you will only be approved for one (1) \$40,000.00 (forty thousand dollar) grant.

The application must be submitted by close of business, 5:00pm **January 25, 2008**. If you have any questions or would like this electronically, please contact your Bureau of Child Care CCDF Policy Consultant. See Attachment for consultant map.

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STATE SCHOOL-AGE CHILD CARE PROJECT FUND FY 2009/2010
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ELIGIBILITY CRITERIA FOR GRANTEES:

The Bureau of Child Care will support school-age care from public school corporations as authorized by IC 12-17-12, or not-for-profit organizations. A not-for-profit corporation must be exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code and must have provided services to children continuously during the year preceding the date of application for contract.

The school-age care program must be in compliance with applicable state and local licensing laws and regulations. If the school-age care service is not provided in a licensed facility or a school setting, then the facility used must meet CCDF Provider Eligibility Standards and fire safety as adopted by State Fire Marshal. **All grantees must comply with the current Division of Family Resources Rule (470 IAC 3-4.6).** (See Attachment, Rule.) A copy of the Fire Marshal approval will be required.

FUNDS AVAILABLE:

The Indiana School-Age Child Care Project Fund has approximately **\$950,000/year** available for contracts for FY 2009/2010. Allocations will be determined based on the number of children served up to a maximum of \$40,000 per contract as stated in the law and a minimum of \$10,000. The written contract value cannot exceed 90% of the school/agency total program costs. A minimum match of 10% must be provided by the grantee (school/agency). The Bureau reserves the right to partially grant your request.

FUNDING PERIOD:

Contracts will be effective from July 1, 2008 through June 30, 2010 for the 2008-2009 and 2009-2010 school years.

USE OF FUNDS:

- **Program Enrichment**

This may include tutoring services, computer training, sports programming, performance arts, math, science programming. The reimbursable expenses may include instructor fees (other than program staff) and consumable products used for program delivery

- **Equipment**

Funds may be used to purchase developmentally appropriate equipment for children between the ages of 5-15. A single equipment purchase reimbursement may not exceed \$499. Grantees must keep an inventory including depreciation schedule on all equipment purchased with Federal or State Funds.

- **Staffing**

Funds may be used to pay for salaries not to exceed 90% of the actual staff cost.

- **Staff Development**

Funds may be used to provide the required 12 hours of which 50% have to be from an outside source.

UTILIZATION:

Grantees have the responsibility to fully utilize their allocation, but must be careful not to exceed contract funds. Failure to fully utilize your full FY 2009 allocation may result in a reduction of funding for FY 2010 allocation.

REQUIREMENTS FOR FY 2009 AND FY 2010 SACC CONTRACTS:

- Must be a public school corporation or a qualifying not for profit organization (see eligibility criteria)
- Must maintain compliance with State Fire Marshal and
- Must maintain compliance with State Licensing Regulation and/or CCDF Provider Eligibility Standards.
- Must be in good standing with the Secretary of the State and the Indiana Department of Revenue.
- Must demonstrate 12 hours of in-service of which 50% is from an outside source for all staff. Planned training must be developmentally

appropriate for children 5-15 years of age and presented by a qualified trainer who is trained in the area of study. This may not include CPR or First Aid training.

- Program Director, responsible for all aspects of school-age child care delivery, must be 21 years of age with 2 years experience in a school age program or a 2 year associate degree in a child care related field.
- All staff shall be 18 years of age or older
- Facility must maintain child staff ratio of 1:15 if children of 5 years or older and 1:20 six years and older.
- All programs must provide adequate meals and snacks that meet the dietary needs of each child.
- Must provide 20 square feet of useable indoor play space for each enrolled child.
- Must provide a physical environment that is safe and appropriate to meet the various age levels of the children to be served
- Must provide program activities that are developmentally appropriate for children served.
- School Age programs must be non-sectarian and religious activities must not be provided

This list is not inclusive – so please refer to the Rule. (See Attachment)

These dollars will not pay for:

1. Direct service delivery
2. The hours a child attends elementary or secondary school;
3. Weekends and summer vacation;
4. School-age care between the hours of 7:00 p.m. and 6:00 a.m., Monday through Friday; and
5. Transportation.
6. Drug testing, criminal history checks, first aid training, CPR training or TB tests

CRITERIA FOR SCORING:

- Priority will be given to school-based programs at a school site.
- Priority will be given to programs who serve children in the following order:
 1. Children who are referred to a program by the local child protection division of the local Office of the Division of Family Resources.
 2. Children in kindergarten and grades 1 through 3
 3. Children in grades 4 through 9
- Percentage of families served at or below 190% of poverty
- A 10% match is required for these dollars. A cash match is preferred but the match can be of equal parts cash and in-kind match.
- Program activities which offer a variety of developmentally appropriate activities for children ages 5 through 15 as documented in the program narrative
- Programs which offer families a sliding fee scale or charge fees below county market rate. **(See attached State sliding fee scale.)**

PERFORMANCE MEASURES:

- A.** A facility that provides school age services and is required to be licensed must maintain a regular license throughout the contract period. Failure to do so will result in one of the following:
 1. Upon receipt of second suspension or probationary license during contract period, termination of contract will result with 30 days notice.
 2. Revocation of license during the contract period will result in immediate termination of contract.
- B.** A facility that provides school age services and is not required to be licensed must maintain documentation of compliance with CCDF Provider Eligibility Standards and State Fire Marshal. Failure to do so will result in termination of contract with 30 days notice.

- C.** A facility must demonstrate 100% compliance with programs budgeted use of funds and documentation of funds claimed. Failure to demonstrate compliance will result in the repayment of funds determined ineligible.

ANTICIPATED OUTCOMES:

This program will provide state funds to school corporations or not-for-profit organizations operating school-age care programs in Indiana. The funds will assist school-age programs to provide families with quality low-cost school-age care. Other outcomes will include:

- Providing program activities appropriate to the various age levels of the children to be served and that meet the developmental needs of each child.
- Providing an adequate number of qualified staff specifically trained in the care of school-age children.
- Providing developmentally appropriate equipment for school-age children.

**CERTIFICATION STATEMENT/ASSURANCES
AND SIGNATURE PAGE
STATE SCHOOL-AGE CHILD CARE PROJECT FUND
FY'09 and FY '10**

As a condition of participation for funding through the Bureau of Child Care, each grantee must make the following assurances. These assurances shall remain in effect throughout the funding period.

1. We assure that we will comply with all applicable licensing standards, if required by state law, which include staffing requirements and educational requirements.
2. We assure that we will comply with all CCDF Provider Eligibility Standards and State Fire Marshal standards.
3. We assure that services provided meet the definition of school-age child care pursuant to 470IAC 3-4.6-3.
4. We assure that we have met all staffing requirements pursuant to 470IAC 3-4.6-6(b)(1-7) including staff training.
5. We assure that we can provide for a safe and clean environment pursuant to 470IAC 3-4.6-6(f)(1-2) including the provision of twenty square feet per child of usable indoor floor space and an outdoor play area with appropriate natural or protective barriers.
6. We assure that all children's health care needs are met pursuant to 470IAC 4-4.6-6(d).
7. We assure that the program meets the nutritional needs of the children served pursuant to 470IAC 3-4.6-6(e).
8. We assure that the program will maintain child staff ratios not to exceed 15 students for 1 staff for children 5 years of older or 20 children for 1 staff for children 6 years or older pursuant to 470IAC 3-4.6-6(c).
9. We assure that children will be offered a variety of age appropriate activities which meet their development needs.
10. We assure that any transportation provided will in a safe manner pursuant to 470IAC 3-4.6-6(h).
11. We assure that we are in good standing with the Secretary of the State of Indiana and the Indiana Department of Revenue and agree to maintain that standing.
12. We assure that we will comply with all contract performance measures.

13. We assure services provided will be non-sectarian in nature.
14. We assure that we will comply with any inspection or audit of records and any corrective actions specified by the State.
15. We assure that we will maintain confidentiality with regard to information received in administering the terms of the contract.
16. We assure that we will not discriminate against any employee or applicant for employment or recipient of services in compliance with the requirements of the Civil Rights Act of 1964 and Indiana Code § 22-9-1-10 with regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.
17. We assure that books, records and documents will be maintained as directed by the State. Access to records and property will be provided to the State in connection with the contract agreement. We understand that generally accepted accounting procedures and practices will be followed.
18. We certify that neither this agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from entering into this agreement by any federal or state department or agency.
19. We assure that this agency will make a good faith effort to provide and maintain a drug-free and smoke free workplace.
20. We certify that funding provided by State shall not be used to further any type of political or voter activity.
21. We assure that our program adheres to all of the Service Delivery Requirements included in 470 IAC 3-4.6-1.
22. We assure that funds provided under this application will be used to supplement and increase the level of State and local funds expended, and in no case to supplant those State and local funds. We agree to provide a 10% local match.

In order to be considered for a contract, the following certification statements must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (IN YOUR BY-LAWS) TO SIGN YOUR CONTRACT. This certification must be submitted with all application materials on or before the deadline date established in the application.

I hereby certify that all program information submitted in the application is true and correct and accurately reflects this agency's program(s). I understand and will comply with the programmatic contractual requirements placed upon this agency if we are awarded a contract.

I certify that to the best of my knowledge no representative, agent, member, or officer of the contracting party has entered into or offered to enter into any combination, collusion, or agreement to receive pay, and that he has not received or paid any sum of money or other consideration for the execution of this agreement other than that which appears on the face of this agreement.

Authorized Signature and Title

Agency's Legal Name

Title

Date

PROGRAM NARRATIVE

(A separate Program Narrative must be completed for each location)

Program Name: _____

Program Address: _____

1. Is program provided by:

_____ School (attach appropriate documentation)

_____ Designated Latch-key Provider for a public school system (attach appropriate documentation)

_____ Not-for-Profit Organization (attach copy of 501C3)

2. Is your program:

_____ Licensed as a child care center (attach copy of license for each location)

_____ Exempt for licensing (attach copy of CCDF Provider Eligibility Inspection Form or commitment statement indicating willingness to comply by July 1, 2008 and clearly identify each location)

3. Please list the ages of children served at this location.

4. If applicable, please provide documentation indicating your school-age program serves school age children at or below 190% of poverty level by submitting of the following criteria. (For program provided in multiple locations, clearly identify each location.)

_____ The public school which serves this location is a Title 1 school. **(Provide letter from school indicating Title 1 status.)**

_____ There are children attending the public school which serves this location that are participating in the Free or Reduced Lunch Program. (Provide school data printout from the following website:
http://doe.state.in.us/food/pdg/school_data05.pdf

_____ Census data for this location indicates families living in the same census track has a Median Family Income of less than 80%. (Provide census information printout from the following website:
www.ffiec.gov/geocode/default.htm.

Use the following steps to obtain the information:

- (1) Enter address of location
- (2) Click Search

- (3) Get Census Demographic
- (4) Identify Median Family Income
- (5) Complete screen print of demographic information

_____ Written statement indicating number of children participating in sliding fee scale.

_____ None of the above.

5. Please indicate this facility's established school-age capacity.

6. Please indicate the established number of school age staff needed to provide care at this location when the program is at full capacity.

7. Please provide the room size(s) for school-age use as well as the usable square footage for this space within this facility.

8. Does this facility offer an appropriate outdoor play space for school age children?

_____ Yes, with a protective barrier (i.e. fence)

_____ Yes, with natural boundaries

_____ No

9. Describe fully the school-age activities offered at this facility.

10. Describe how these programs meet the development needs of school-age children.

AGENCY NARRATIVE

Agency Name _____

- 1. Briefly list all services provided by your organization.**

- 2. Please indicate the length of time your organization has been providing school-age care. (Must be greater than 1 year to be eligible for this grant.)**

- 3. Describe a staff training plan, which may or may not utilize these grant funds, including 12 hours of in-service of which 50% is from an outside source. This training must be developmentally appropriate for children ages 5 to 15 and presented by a qualified trainer who is trained in the area of study.**

STAFF BUDGET SHEET

Number of Positions	Job Title	Require Age	Required Qualifications	Budgeted Expense
1	Program Director			
TOTAL BUDGETED EXPENSE				
Requested Grant Funds (May not exceed 90% of Total)				
Cash Match				
In-Kind Match				

STAFF DEVELOPMENT BUDGET SHEET
(Attach one sheet for each Staff Development Training)

1) Description of the training:

2) Name of trainer:

3) Trainer qualifications:

4) Length of training:

5) Training objective:

Line Item	Budgeted Amount
Trainer Fees	
Trainer	
Travel at .40 a mile	
Lodging	
Materials	
Other, specify	
Other, specify	
Budget Total	
Requested Grant Funds	
Cash Match	
In-Kind Match	

EQUIPMENT BUDGET SHEET
(Attach one sheet for each Equipment Purchase)

1. Describe each piece of equipment (attach picture if available):

2. This equipment is appropriate for children ages _____ to _____

3. Describe how equipment will be used to meet the development needs of school age children.

4. Describe where this equipment will be located, including ground surfacing (if applicable).

5. Indicate the equipment anticipated life-span.

6. Describe your maintenance plan for assuring this equipment remains in safe repair.

Name of Equipment:	
Equipment Cost	
Requested Grant Funds (May not exceed \$499 for a single item)	
Cash match	
In-Kind Match	

PROGRAM ENRICHMENT BUDGET SHEET
(Attach one sheet for each Program Enrichment type)

1. Describe the program enrichment activity and how this program will meet the developmental needs of the children.
2. Describe the staff qualifications relevant to this activity.
3. Is this enrichment program a:
____ New program
____ Existing program
4. Will there be an additional cost to families if their child(ren) decides to participate in the enrichment program?
____ No
____ Yes, indicate cost per child _____
5. How many school-age children will be able to participate in this program? ____
This represents _____% of the total anticipated enrollment of school age children

Line Item	Budgeted Amount
Instructor fees (reimbursement may not exceed 50%)	
Instructor (not program staff)	
Consumables (list)	
Other, specify	
Other, specify	
Budget Total	
Requested Grant Funds	
Cash Match	
In-Kind Match	

GRANT SUMMARY BUDGET

Category	Total Item Cost	Cash Match	In-Kind Match	Requested Grant Funds	Approved Amount (Internal Use Only)
Staff					
Staff Development					
Equipment					
Program Enrichment					
TOTALS					

STAFF QUALIFICATIONS

Employee Name	Job Title	Over 18 Y or N	Over 21 Y or N	Qualifications

MAILING INSTRUCTIONS FOR
STATE SCHOOL-AGE CHILD CARE PROJECT FUND
APPLICATION
FY'09 and FY '10

The following forms and information will be required for submission of a completed application. **All items should be assembled and arranged in the following order. Applicants must submit an original and three copies of the application and necessary attachments.** It is suggested that you make a copy of the completed application for your records.

CONTENTS OF APPLICATION:

- ☐ FSSA PROVIDER DATA FORM.
- ☐ W-9.
- ☐ AUTOMATED DIRECT DEPOSIT AUTHORIZATION (optional).
- ☐ COPY OF CURRENT FEE SCHEDULE
- ☐ CERTIFICATION STATEMENT/ASSURANCES AND SIGNATURE PAGE.
- ☐ COPY OF LICENSE (IF APPLICABLE) FOR ALL SITES WHERE DOLLARS WILL BE USED.
- ☐ COPY OF CCDF PROVIDER ELIGIBILITY INSPECTION FORM OR COMMITMENT STATEMENT INDICATING WILLINGNESS TO COMPLY PRIOR TO JULY 1, 2006 FOR EACH LOCATION.
- ☐ A LIST OF LOCATIONS WHERE CARE IS PROVIDED, AND HOURS OF OPERATION TO INCLUDE HOLIDAYS, AND WRAP-AROUND SERVICES FOR KINDERGARTEN.
- ☐ COPY OF THE FIRE MARSHAL'S APPROVAL FOR EACH LOCATION
- ☐ COPY OF THE 501C3, IF NOT-FOR-PROFIT ORGANIZATION
- ☐ LIST OF EMPLOYEES INCLUDING JOB TITLE, AGE AND QUALIFICATIONS
- ☐ COMPLETE PROGRAM NARRATIVE
- ☐ COMPLETE APPLICABLE STAFF, EQUIPMENT, PROGRAM ENRICHMENT, STAFF DEVELOPMENT AND GRANT SUMMARY BUDGET SHEETS
- ☐ DOCUMENTATION VERIFYING FACILITY IS THE DESIGNATED LATCH-KEY PROGRAM FOR A PUBLIC SCHOOL, IF APPLICABLE
- ☐ DOCUMENTATION VERIFYING AT LEAST 50% OF CHILDREN ARE AT OR BELOW 190% OF POVERTY, IF APPLICABLE (see Program Narrative)
- ☐ CONFIDENTIALITY STATEMENT

Please submit application to:
Division of Family Resources
Bureau of Child Care
402 West Washington St., Rm. W-386, MS-02
Indianapolis, IN 46204
ATTN: School-Age Child Care Project Fund

Indiana Rule 4.6. School Age Child Care Program (7-1-92)

NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3) to the Division of Family and Children (470 IAC 3-4.6) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-1 Purpose

Authority: IC 12-13-5-3; IC 12-17-12-17; IC 12-17-13-9

Affected: IC 12-17-12; IC 20-5-2-2; IC 20-5-6-7

Sec. 1. The purpose of 490 IAC 3 [this article] is to implement the school age child care program, authorized by IC 20-5-61 [IC 20-5-61 was repealed by P.L.9-1991, SECTION 98, effective July 1, 1992.], which offers care to children between five (5) and fifteen (15) years of age for the period of time before or after the school day, or both, during periods when school is not in session, and during periods when school is in session for students who are enrolled in a half-day kindergarten program.

(Division of Family and Children; 470 IAC 3-4.6-1; filed Aug 15, 1988, 1:00 p.m.: 12 IR 20; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235)

NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-1) to the Division of Family and Children (470 IAC 3-4.6-1) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-2 Definitions

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 2. "Board" means the interdepartmental board for the coordination of human service programs.

"Child's legal custodian" means the child's parent or custodian as determined by a court of law.

"Physical or mental incapacity" of the child's legal custodian is based on the receipt of Social Security disability or supplemental security income as the result of a disability, or the status of being an active vocational rehabilitation client, for the purposes of IC 20-5-61-10(a)(2)(C) [IC 20-5-61 was repealed by P.L.9-1991, SECTION 98, effective July 1, 1992.].

"Vocational training" means certified or accredited programs when determining whether a family falls within the priorities as set forth at IC 20-5-61-10(a)(2)(A) [IC 20-5-61 was repealed by P.L.9-1991, SECTION 98, effective July 1, 1992.].

(Division of Family and Children; 470 IAC 3-4.6-2; filed Aug 15, 1988, 1:00 p.m.: 12 IR 20; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-2) to the Division of Family and Children (470 IAC 3-4.6-2) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-3 Exclusions

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 3. The school age child care program does not include the following:

(1) The provision of kindergarten certified by the department of education.

(2) The provision of elementary or secondary education.

(3) The periods during weekends and summer vacation from school.

(4) Child care between the hours of 7 p.m. and 6 a.m., Monday through Friday.

(Division of Family and Children; 470 IAC 3-4.6-3; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-3) to the Division of Family and Children (470 IAC 3-4.6-3) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-4 Service provisions

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12-12; IC 20-5-2-1.5; IC 20-5-2-2; IC 20-5-6-7; IC 20-8.1-1-1

Sec. 4.

(a) In order to provide services under IC 12-17-12, an entity must be:

(1) a public school corporation as defined in IC 20-8.1-1-1; or

(2) a not-for-profit organization which:

(A) is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code; and

(B) has provided extracurricular activities or services to children during the year preceding the date of application for a grant under IC 12-17-12.

(b) Preference will be given to those providers who operate school-based programs.

(c) Service providers must adopt the following sliding fee schedule:

Percent of Poverty Level	Fee to be Paid, Per Family, Per Unit of Service
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0 - 100%	No fee
101 - 109%	\$ 1
110 - 118%	\$ 2
119 - 127%	\$ 3
128 - 136%	\$ 4
137 - 145%	\$ 5
146 - 154%	\$ 6
155 - 163%	\$ 7
164 - 172%	\$ 8
173 - 181%	\$ 9
182 - 190%	\$10

(d) Children of parents whose incomes exceed one hundred ninety percent (190%) of poverty may also be served in the program. The fee charged for those children may be set by the provider.

(e) Service providers must serve clients on a priority of need basis under IC 12-17-12-12.

(f) Service providers may make school age child care available from 6:00 a.m. until 7:00 p.m., Monday through Friday, when school is in session, on school holidays, and school vacation days during the regular school year.

(g) Under this program, service providers will be reimbursed a specified rate per unit, each unit being defined as the provision of four (4) hours or more of school age child care for one (1) child. One-half (1/2) a unit is defined as up to four (4) hours of school age child care for one (1) child.

(Division of Family and Children; 470 IAC 3-4.6-4; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1087; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-4) to the Division of Family and Children (470 IAC 3-4.6-4) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-5 Transportation

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 5. Children enrolled in the school age child care program may be transported as a part of the program only:

(1) from the child's school to the care site; or

(2) from the care site to the child's school.

(Division of Family and Children; 470 IAC 3-4.6-5; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-5) to the Division of Family and Children (470 IAC 3-4.6-5) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-6 Standards

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 20-5-2-2; IC 20-5-6-7

Sec. 6.

(a) Providers of school age child care shall meet the standards in this section.

(b) Staffing of the school age child care program shall be as follows:

(1) Health requirements for all staff shall be as follows:

(A) No person shall be permitted to perform any services in the program until the person has furnished the program with a statement from a physician that the person is free of tuberculosis in an infectious state. Each such person is required to have a health examination within three (3) months prior to entering the service of the program. The examination shall include a chest x-ray or Mantoux tuberculin test and may include laboratory tests and immunizations as deemed necessary by the attending physician. If the tuberculin test is positive, the chest x-ray is mandatory.

(B) Annual Mantoux tuberculin testing is mandatory for all persons having direct contact with children.

(C) Volunteers, substitutes, student aides, and any other personnel having direct contact with the children or providing food service are also subject to this subdivision. Records shall be kept for all of these persons.

(2) The director, who shall be at least twenty-one (21) years of age, with at least two (2) years of experience working with children in a children's program, or a two (2) year associate's degree in a child care related field, shall be responsible for the operation of the program at all times.

(3) During any necessary absence of the director, a responsible person shall be designated to be in charge, who shall have sufficient knowledge of emergency procedures and day to day operating procedures as is necessary to carry on the normal operation of the facility.

(4) No program shall operate at any time without a responsible person eighteen (18) years of age or older present on the premises of the program.

(5) Persons having direct contact with children shall be equipped by education, training, skill, or experience to provide for the child's proper training and development as follows:

(A) Each staff member providing direct care to children shall have twelve (12) hours per year of in-service training. Fifty percent (50%) of these hours must be training received from a source other than the facility staff.

(B) All employees providing direct care to children shall have training in basic first aid within three (3) months of employment and at least every three (3) years thereafter.

(C) At all times when children are being cared for, the program must have on duty, or on the premises, at least one (1) staff member who is annually certified in a program on cardiopulmonary resuscitation and airway obstruction.

(6) The program shall provide substitute staff to replace employees on sick leave, vacation, or absent for other reasons. A responsible adult eighteen (18) years of age or older shall always be readily available to substitute for a regularly assigned staff member in charge of a unit of children.

(7) Volunteers, excluding parents, shall meet all the requirements and qualifications of the position to which they are assigned when they are counted in the child-staff ratios.

(8) Alcoholic beverages, weapons, and tobacco products shall not be permitted or used at the facility during the hours of operation in areas used for school age child care.

(c) Minimum staff to child ratios shall be as follows:

(1) The maximum number of children to be supervised by one (1) staff person is fifteen (15) if there are children who are five (5) years of age in the group, and twenty (20) for groups containing only children who are six (6) years of age or older.

(2) All persons who are responsible for and directly engaged in supervising and implementing activities for children shall be counted in determining the child-staff ratios.

(d) Emergency health care shall be as follows:

(1) The service providers shall establish a written plan for the emergency admission of a child who becomes ill or injured and needs emergency care.

(2) An easily accessible telephone and the telephone numbers of the program's consulting physician, parents of the children enrolled in the program, and of the closest emergency facility shall be immediately available.

(3) First aid procedures and emergency evacuation procedures shall be posted in each room occupied by children in this program.

(4) The program shall establish written policies regarding first aid for the care of illness or injuries, including directions for the care of poisoning, seizures, hemorrhaging, artificial respiration, and choking.

(5) Programs shall provide and use a separate area to isolate from the group any child having or suspected of having a communicable disease or any illness. Toilet and lavatory facilities shall be located within or near the area.

(6) The program shall have available to the staff a health record of each child enrolled in the program, including a record of allergies and chronic health conditions.

(7) Medication, poisons, and other harmful chemicals shall be securely locked in a cabinet or closet.

(8) No service provider shall administer any medication to a child except as permitted by state and local law and pursuant to express written authorization by the child's parent or guardian.

(e) Nutrition requirements shall be as follows:

(1) All programs shall provide meals and snacks that meet the dietary needs of each child as based on the current National Research Council Recommended Daily Dietary Allowances (NRC/RDA) according to each child's age, the length of the child's daily program attendance, and meals served at home.

(2) Children shall be served meals and snacks according to their hours of attendance and the weekly menus shall be posted.

(3) Breakfast shall be offered to children who are in attendance a substantial amount of time before school begins.

(4) Meal and snack assembly shall be done on a sanitized surface which is not located in a rest room.

(5) Drinking water must be readily available to all children.

(f) Physical space requirements shall be as follows:

(1) The indoor play area shall consist of not less than twenty (20) square feet of usable floor space per child enrolled.

(2) The indoor and outdoor premises of the facility shall be clean, comfortable, and safe, as follows:

(A) The facility shall be protected against rodents and insects.

(B) The outdoor space shall:

(i) be fenced;

(ii) have natural barriers; or

(iii) have other protective conditions; to deter children from getting into unsafe conditions.

(C) There shall be no open drainage ditches, wells, or holes into which children may fall.

(D) Drainage shall be adequate to prevent stagnant pools of water from accumulating.

(E) Garbage and trash shall be stored in covered containers out of reach of the children and removed often enough to avoid creating a health hazard or nuisance.

(F) Open fireplaces shall not be used.

(G) All heating elements, including hot water pipes, shall be insulated or installed in a manner which makes them inaccessible to children.

(H) Furniture, equipment, and toys shall be sturdily constructed, without sharp edges, and present only minimal risks to children.

(I) Lead based paint shall not be used on surfaces accessible to children.

(J) Pets, animals, and fowl shall be maintained in a safe and sanitary manner at all times.

(g) Each school age child care program shall provide program activities that are appropriate to the various age levels of the children to be served and that meet the developmental needs of each child.

(h) When a school age child care program transports children, the program is responsible for the safety of those children. The school age child care program shall do the following:

(1) Require a current operator's license as required by law for each vehicle driver.

(2) Secure written authorization from a parent or guardian to transport the child.

(3) Load and unload at the curb or on the side of the street on which the home, facility, or other destination is located.

(4) Use only vehicles which meet the following requirements:

(A) The vehicle shall be enclosed.

(B) The vehicle shall be provided with locking doors.

(C) The vehicle seats shall be attached to the floor.

(D) The vehicle shall be maintained in good condition and meet safety standards set by the Indiana bureau of motor vehicles.

(Division of Family and Children; 470 IAC 3-4.6-6; filed Aug 15, 1988, 1:00 p.m.: 12 IR 21; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1088; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-6) to the Division of Family and Children (470 IAC 3-4.6-6) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-7 Eligibility

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 7.

(a) Every child between five (5) and fifteen (15) years of age is eligible for school age child care. However, the service providers must do the following:

(1) Follow the standards under section 6 of this rule.

(2) Follow the service priorities which are as follows:

(A) The first priority must be given to children who are referred to a program by the local child protection service agency under IC 31-6-11 [IC 31-6 was repealed by 268-1995, SECTION 17, effective July 1, 1995.]. Children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(B) The second priority must be given to children in kindergarten and grades 1 through 3 and their siblings, if their families need school age child care services because of:

(i) enrollment of a child's legal custodian in vocational training under a degree program;

(ii) employment of a child's legal custodian; or

(iii) physical or mental incapacities of a child's legal custodian.

Children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(C) The third priority must be given to children in grades 4 through 9, if their families need school age child care services because of:

(i) enrollment of a child's legal custodian in vocational training under a degree program;

(ii) employment of a child's legal custodian; or

(iii) physical or mental incapacities of a child's legal custodian.

Children in families with the lowest gross monthly income compared to other children in this priority level must be enrolled first.

(D) The fourth priority must be given to children in families who do not meet the criteria set forth in clauses (A) through (C), but who have a gross income below one hundred percent (100%) of poverty.

(3) Follow the sliding fee schedule under section 4 of this rule.

(b) Service providers must obtain a declaration of the following:

(1) Family income.

(2) At least one (1) of the following:

(A) Referral of child by a local child protection service agency.

(B) Employment of child's legal custodian.

(C) Enrollment of child's legal custodian in vocational training under a degree program.

(D) The physical or mental incapacity of the child's legal custodian.

(3) The child's age, who must be between five (5) and fifteen (15) years of age.

(c) The poverty guidelines issued by the federal Office of Management and Budget shall be used to determine the poverty level to be used in the computation of the sliding fee.

(d) The fee required to be paid by each family will be based on gross income received in the thirty (30) day period prior to the date of application.

(e) Family income includes the following:

(1) Money, wages, or salary.

(2) The dollar amount of AFDC grants.

(3) Social Security income, including Social Security disability, supplemental security income, and old age pensions.

(4) Interest, rents, and dividends.

(5) Net income from self-employment.

(6) Pensions and annuities.

(7) Unemployment compensation.

(8) Worker's compensation.

(9) Alimony and child support.

(10) Veteran's pensions.

(Division of Family and Children; 470 IAC 3-4.6-7; filed Aug 15, 1988, 1:00 p.m.: 12 IR 22; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1090; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-7) to the Division of Family and Children (470 IAC 3-4.6-7) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-8 Eligibility appeal process

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 4-21.5-1; IC 12-17-12

Sec. 8.

(a) An individual who has been denied services may appeal that action to the board after attempting to resolve the problem with the local service provider.

(b) The request for a hearing must be submitted in writing and signed by the appellant. This request must be received by the board within thirty (30) days of the appellant's notification that services are denied.

(c) The board shall hold the hearing within thirty (30) days after receipt of the request for a hearing.

(d) The hearing shall be conducted in accordance with the Indiana Administrative Adjudication Act, IC 4-21.5-1.

(e) The board shall notify the appellant and the local service provider by certified mail of the appeal decision within ten (10) days after the hearing.

(Division of Family and Children; 470 IAC 3-4.6-8; filed Aug 15, 1988, 1:00 p.m.: 12 IR 23; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-8) to the Division of Family and Children (470 IAC 3-4.6-8) by P.L.9-1991, SECTION 133, effective July 1, 1992.

470 IAC 3-4.6-9 Applications of service providers

Authority: IC 12-13-5-3; IC 12-17-12-17

Affected: IC 12-17-12

Sec. 9.

(a) The interdepartmental board for the coordination of human service programs shall send out proposal packets at least yearly.

(b) All proposals which are completed by potential service providers and returned to the interdepartmental board shall be evaluated using the following criteria:

(1) cost-effectiveness of the program plan;

(2) whether the goals and objectives are realistic in relationship to the program design, staff, and budget;

(3) adherence to the school age child care service definitions;

(4) adherence to specific requirements of IC 20-5-61 and 490 IAC 3 [this article];

(5) administrative capability of the service provider to comply with the terms of the contract;

(6) the need for the program in the proposed service area as compared to the quantity of providers elsewhere in the state;

(7) other relevant criteria as deemed necessary by the board.

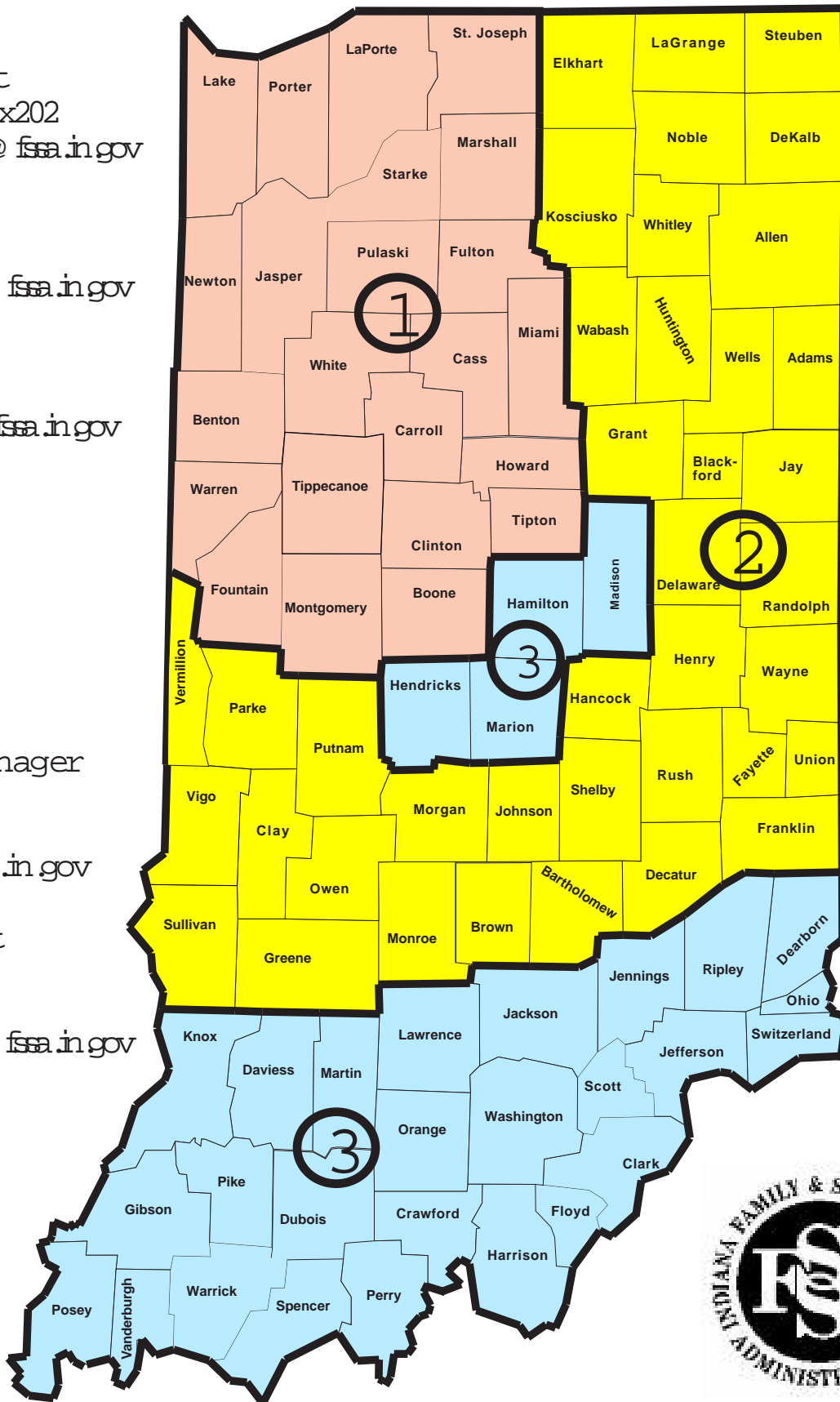
(Division of Family and Children; 470 IAC 3-4.6-9; filed Aug 15, 1988, 1:00 p.m.: 12 IR 23; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235) NOTE: Transferred from the Interdepartmental Board for the Coordination of Human Service Programs (490 IAC 3-1-9) to the Division of Family and Children (470 IAC 3-4.6-9) by P.L.9-1991, SECTION 133, effective July 1, 1992.

Bureau of Child Care
CCDF Policy

- 1 Suzanne West
574-256-7875, x202
SuzanneWest@fssa.in.gov
- 2 Donna Veiga
260-458-6163
Donna.Veiga@fssa.in.gov
- 3 Carrie Gray
317-232-7112
CarrieGray@fssa.in.gov

Linda Kolbus, Manager
CCDF Policy
317-234-4546
Linda.Kolbus@fssa.in.gov

Rhonda Schmalfeldt
Adm. in Assistant
317-234-4908
Rhonda.Schmalfeldt@fssa.in.gov



Child Care Information Line
1-877-511-1114

Updated - September 26, 2007

DIVISION OF FAMILY RESOURCES (DFR)**CHILD CARE INCOME ELIGIBILITY DETERMINATION AND FEE SCHEDULE -- SACC ADDENDUM (THRU 190% OF POVERTY)**

BASED ON THE LESSER OF THE POVERTY LEVEL OR 85% OF MEDIAN FAMILY INCOME BY FAMILY SIZE

MONTHLY FEE	YEAR 1 10%	YEAR 2 11%	YEAR 3 12%	YEAR 4 13%	YEAR 5 14%	YEAR 6 15%			YEAR 1 10%	YEAR 2 11%	YEAR 3 12%	YEAR 4 13%	YEAR 5 14%	YEAR 6 15%
FACTOR	0.0233	0.0256	0.0279	0.0302	0.0326	0.0349			0.0233	0.0256	0.0279	0.0302	0.0326	0.0349
SIZE OF FAMILY	171% thru 190%	171% thru 190%	171% thru 190%	171% thru 190%	171% thru 190%	171% thru 190%		SIZE OF FAMILY	171% thru 190%	171% thru 190%	171% thru 190%	171% thru 190%	171% thru 190%	171% thru 190%
1	\$1,447 thru \$1,617	\$1,447 thru \$1,617	\$1,447 thru \$1,617	\$1,447 thru \$1,617	\$1,447 thru \$1,617	\$1,447 thru \$1,617		11	\$6,377 thru \$7,127	\$6,377 thru \$7,127	\$6,377 thru \$7,127	\$6,377 thru \$7,127	\$6,377 thru \$7,127	\$6,377 thru \$7,127
2	\$1,940 thru \$2,168	\$1,940 thru \$2,168	\$1,940 thru \$2,168	\$1,940 thru \$2,168	\$1,940 thru \$2,168	\$1,940 thru \$2,168		12	\$6,870 thru \$7,678	\$6,870 thru \$7,678	\$6,870 thru \$7,678	\$6,870 thru \$7,678	\$6,870 thru \$7,678	\$6,870 thru \$7,678
3	\$2,433 thru \$2,719	\$2,433 thru \$2,719	\$2,433 thru \$2,719	\$2,433 thru \$2,719	\$2,433 thru \$2,719	\$2,433 thru \$2,719		13	\$7,363 thru \$8,229	\$7,363 thru \$8,229	\$7,363 thru \$8,229	\$7,363 thru \$8,229	\$7,363 thru \$8,229	\$7,363 thru \$8,229
4	\$2,926 thru \$3,270	\$2,926 thru \$3,270	\$2,926 thru \$3,270	\$2,926 thru \$3,270	\$2,926 thru \$3,270	\$2,926 thru \$3,270		14	\$7,856 thru \$8,780	\$7,856 thru \$8,780	\$7,856 thru \$8,780	\$7,856 thru \$8,780	\$7,856 thru \$8,780	\$7,856 thru \$8,780
5	\$3,419 thru \$3,821	\$3,419 thru \$3,821	\$3,419 thru \$3,821	\$3,419 thru \$3,821	\$3,419 thru \$3,821	\$3,419 thru \$3,821		15	\$8,349 thru \$9,331	\$8,349 thru \$9,331	\$8,349 thru \$9,331	\$8,349 thru \$9,331	\$8,349 thru \$9,331	\$8,349 thru \$9,331
6	\$3,912 thru \$4,372	\$3,912 thru \$4,372	\$3,912 thru \$4,372	\$3,912 thru \$4,372	\$3,912 thru \$4,372	\$3,912 thru \$4,372		16	\$8,842 thru \$9,882	\$8,842 thru \$9,882	\$8,842 thru \$9,882	\$8,842 thru \$9,882	\$8,842 thru \$9,882	\$8,842 thru \$9,882
7	\$4,405 thru \$4,923	\$4,405 thru \$4,923	\$4,405 thru \$4,923	\$4,405 thru \$4,923	\$4,405 thru \$4,923	\$4,405 thru \$4,923		17	\$9,335 thru \$10,433	\$9,335 thru \$10,433	\$9,335 thru \$10,433	\$9,335 thru \$10,433	\$9,335 thru \$10,433	\$9,335 thru \$10,433
8	\$4,898 thru \$5,474	\$4,898 thru \$5,474	\$4,898 thru \$5,474	\$4,898 thru \$5,474	\$4,898 thru \$5,474	\$4,898 thru \$5,474		18	\$9,828 thru \$10,984	\$9,828 thru \$10,984	\$9,828 thru \$10,984	\$9,828 thru \$10,984	\$9,828 thru \$10,984	\$9,828 thru \$10,984
9	\$5,391 thru \$6,025	\$5,391 thru \$6,025	\$5,391 thru \$6,025	\$5,391 thru \$6,025	\$5,391 thru \$6,025	\$5,391 thru \$6,025		19	\$10,321 thru \$11,535	\$10,321 thru \$11,535	\$10,321 thru \$11,535	\$10,321 thru \$11,535	\$10,321 thru \$11,535	\$10,321 thru \$11,535
10	\$5,884 thru \$6,576	\$5,884 thru \$6,576	\$5,884 thru \$6,576	\$5,884 thru \$6,576	\$5,884 thru \$6,576	\$5,884 thru \$6,576		20	\$10,814 thru \$12,086	\$10,814 thru \$12,086	\$10,814 thru \$12,086	\$10,814 thru \$12,086	\$10,814 thru \$12,086	\$10,814 thru \$12,086

NOTES: Income amounts reflect gross monthly income. Multiply gross monthly income by the monthly fee factor to determine weekly copay and round up to the nearest dollar. Only one fee is charged per week per family regardless of the number of children in the family receiving care or the amount of care needed. Poverty Level Rates based on federal poverty guidelines for 2007.

The schedule applies to the following funding source: State School Age Child Care Project Fund (SSAC)

School-Age Child Care Budget Sheet - INSTRUCTIONS
MONTH _____

CATEGORY: STAFF (ADMINISTRATOR) <i>Not to exceed 50% of actual cost</i>							
	Hours Worked	Gross Wages	Payroll Taxes	Benefits	Total Expense	Less 50%	Amount Claimed
1.		\$	\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$	\$
CATEGORY: STAFF (TEACHERS)							
1.		\$	\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$	\$
10.		\$	\$	\$	\$	\$	\$
TOTALS		\$	\$	\$	\$	\$	\$

CATEGORY: STAFF DEVELOPMENT		
Name of Training:		
Type of Expense	Total Cost	Amount Claimed
Trainer Fees	\$	\$
Travel (\$0.40 mile)	\$	\$
Lodging	\$	\$
Materials	\$	\$

CATEGORY: PROGRAM ENRICHMENT		
Name of Program:		
Type of Expense	Total Cost	Amount Claimed
Instructor Fees	\$	\$
Consumables	\$	\$

CATEGORY: EQUIPMENT		
<i>Reimbursement may not exceed \$499</i>		
Description of Equipment Purchased	Total Cost	Amount Claimed
	\$	\$
	\$	\$
	\$	\$
	\$	\$

CLAIM TOTALS	
<i>Category</i>	<i>Total Cost</i>
Staff	\$
Staff Development	\$
Program Enrichment	\$
Equipment	\$
<i>Less Required Match</i>	\$
TOTAL CLAIMED	\$

I certify the expenses above are correct and I have attached all appropriate documentation.

Signed: _____

Printed Name: _____ Date _____

Contact Phone: _____ Contact Email: _____

Approved by: _____ Date _____

School-Age Child Care Budget Sheet

INSTRUCTIONS

General Instructions:

Please note: backup documentation is required where indicated. Remember this is a cost reimbursement contract. If you have any questions, please contact your CCDF Policy Consultant.

Around the first of every month a SACC spreadsheet will be emailed to you. You may use additional pages where needed. Please complete the attached spreadsheet for the month just completed and email it to SACC@fssa.in.gov. Note that hard-copy forms sent by mail or fax will not be accepted.

Instructions:

- (1) Month – Enter the month of the claim.
CATEGORY: STAFF (Administrators and Teachers)
This information represents ALL information needed for submission with your claim, however, payroll documentation must be maintained and made available upon request.
- (2) List the employee's full name, last name first.
- (3) Record the total number of hours claimed during the month.
- (4) Record the employee's gross wages for the hours claimed during the month.
- (5) Record the payroll taxes paid for gross wages reported for the month.
- (6) Record the cost of benefits provided for the total number of hours claimed during the month.
- (7) Record the total of #4, #5, and #6.
- (8) Indicate the amount of staff expense which may not be claimed by multiplying #7 by 0.50.
- (9) Record the amount claimed by subtracting #8 from #7.

CATEGORY: STAFF DEVELOPMENT

This information must be supported by appropriate backup documentation. All expenses must be consistent with activities approved through grant submission.

- (10) Indicate the topic of training and/or program title.
- (11) Indicate the total fees paid to trainer. Submit a copy of a paid invoice or other documentation supporting the cost to provide training services by a qualified individual. Indicate on the documentation your affiliation with the trainer, if any.
- (12) Record the amount of the trainer fees being claimed as an expense.
- (13) Calculate the trainer and/or employee travel cost by multiplying the number of miles traveled by \$0.40. Submit a copy of your mileage request forms for all individuals being claimed. Form must be signed by the individual. Indicate on the documentation your affiliation with this individual, i.e. employee or trainer.
- (14) Record the amount of travel being claimed as an expense.
- (15) Record the cost of lodging for the trainer and/or employee. Please note: travel must exceed 50 miles one-way to claim lodging expenses. Submit a copy of the individual's lodging receipt indicating a zero balance. Indicate on the documentation your affiliation with the individual, i.e. employee or trainer.
- (16) Record the amount of lodging being claimed as an expense.
- (17) Record the cost of any materials purchased for the purpose of training. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation. Indicate the individual recipient's name and affiliation, i.e. employee and/or trainer on the documentation provided.
- (18) Record the amount of materials being claimed as an expense.

CATEGORY: PROGRAM ENRICHMENT

This information must be supported by appropriate backup documentation. All expenses must be consistent with activities approved through grant submission.

- (19) Indicate the type of activity and/or program title.
- (20) Record the cost of instruction. This cost may not include the cost of staff participating in the activity. Submit a copy of a paid invoice or other documentation supporting the cost of providing this activity by a qualified instructor. Indicate on the documentation your affiliation with the instructor, if any.
- (21) Record the amount of instructor fees being claimed as an expense.
- (22) Record the cost of consumable materials used during instruction. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation.

- (23) Record the amount of consumables being claimed as an expense.
- (24) Indicate the type of expense incurred.
- (25) Record the total cost. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation.
- (26) Record the total amount of the purchase being claimed as an expense.

CATEGORY: EQUIPMENT

This information must be supported by appropriate backup documentation. All expenses must be consistent with equipment approved through grant submission. Reimbursement may not exceed \$499 per item.

- (27) Provide a description of the equipment purchases. Include a picture, if available.
- (28) Record the total cost of the purchase. Submit a copy of a paid invoice, cash register receipt or other appropriate documentation.
- (29) Record the amount of the equipment purchase being claimed as an expense.

CLAIM TOTALS

- (30) Record staff's total expense. Sum of column #7.
- (31) Record the total cost of staff development by adding #12, #14, #16, #18.
- (32) Record the total cost of program enrichment by adding #21, #23, #26.
- (33) Record the total cost of equipment by adding all amounts claimed.
- (34) Record the amount of required match. Match of staff must be a minimum of 50%. Other categories require a minimum match of 15%.
- (35) Record the total claimed by adding #30, #31, #32, and #33 then subtracting #34.

SIGNATURE AND CERTIFICATION

- (36) An authorized individual must sign this form in blue ink.
- (37) Print the name of the individual signing the form.
- (38) Indicate the date the form was signed. Claims should be submitted by the 15th of each month. Late claims may not be honored.
- (39) Provide a contact phone number.
- (40) Provide a contact email address.
- (41) DO NOT WRITE IN THIS SECTION.
- (42) DO NOT WRITE IN THIS SECTION.

FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

FSSA Program Name:			Submitted on:		
Provider Contact Person:			Telephone:	()	
Fax Number:			E-mail Address:		
Provider's Legal Name:					
Provider's d/b/a Name: (doing business as)					
Provider's FID/EIN/SSN:	<small>NOTE: SSN may only be used if the legal name above is an individual's name.</small>				
Provider's Legal Status:					
	Individual/Sole Proprietor				
	Corporation	Indicate:	__ For-Profit	__ Nonprofit	
	Government	Indicate:	__ Federal	__ State	__ County
	Limited Liability Company		__ City	__ Town	__ Township
	Partnership	Is it a LLP?	__ Yes	__ No	
		List all partners:			
	School Corp.	Indicate list # as assigned by the Dept. of Education		#	

Director/Manager:	Name:			Title:		
Office/Street Address: (Main Location)	Street:			County:		
	City:		State:		Zip Code:	—
	Confidential Address?	Yes	or	No	Internet Address:	
	Phone#:	()			Phone#:	()
	Fax#:	()			Toll-Free#:	()

Mailing Address:	Street/POB:		
	City:	State:	Zip Code:
			—

Claims Payment A Address Street:		
<small>This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.</small>	City:	State:
		Zip Code:
		—

How frequently do you wish to claim for reimbursement?	____ Monthly - 12 claims	____ Semi-Monthly - 24 claims
---	--------------------------	-------------------------------

Term of Contract Requested:	
------------------------------------	--

County(ies) for which funding is requested.	Circle all that apply.
01 Adams	13 Crawford
02 Allen	14 Daviess
03 Bartholomew	15 Dearborn
04 Benton	16 Decatur
05 Blackford	17 Dekalb
06 Boone	18 Delaware
07 Brown	19 Dubois
08 Carroll	20 Elkhart
09 Cass	21 Fayette
10 Clark	22 Floyd
11 Clay	23 Fountain
12 Clinton	24 Franklin
25 Fulton	26 Gibson
27 Grant	28 Greene
29 Hamilton	30 Hancock
31 Harrison	32 Hendricks
33 Henry	34 Howard
35 Huntington	36 Jackson
37 Jasper	38 Jay
39 Jefferson	40 Jennings
41 Johnson	42 Knox
43 Kosciusko	44 LaGrange
45 Lake	46 LaPorte
47 Lawrence	48 Madison
49 Marion	50 Marshall
51 Martin	52 Miami
53 Monroe	54 Montgomery
55 Morgan	56 Newton
57 Noble	58 Ohio
59 Orange	60 Owen
61 Parke	62 Perry
63 Pike	64 Porter
65 Posey	66 Pulaski
67 Putnam	68 Randolph
69 Ripley	70 Rush
71 St. Joseph	72 Scott
73 Shelby	74 Spencer
75 Starke	76 Steuben
77 Sullivan	78 Switzerland
79 Tippecanoe	80 Tipton
81 Union	82 Vanderburgh
83 Vermillion	84 Vigo
	____ Statewide

Is this a female-owned business?	__ Yes	__ No		
Is this a minority-owned* business?	__ Yes	__ No	____ %	Is there minority participation**? __ Yes __ No ____ %
<small>*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%.</small>				<small>**If not minority-owned, enter % of minority participation.</small>

Name/Title of persons authorized to sign legal documents and contracts.	
1.	4.
2.	5.
3.	6.

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)

Approved by State Board of Accounts 09/1997



STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

SECTION 1: REQUEST AND AUTHORIZATION

Vendor / Claimant as shown on the account

Federal I.D. Number / Social Security Number

Address (Number and Street, and/or P.O. Box No.)

City, State, and Zip Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments **solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization**. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: _____

_____, 19_____
Date

Signature of Vendor / Claimant

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____ Phone: () _____

Address: _____
(Number and Street, and/or P.O. Box No.) (City, State, and Zip Code (00000-0000))

_____, 19_____
Date

Depository's Authorized Signature

ABA Transit-Routing Number

Title

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Purpose of form: We are required to file an information return with the IRS and must get your correct taxpayer identification number (TIN) to report our payments to you.

Use Form W-9 on the reverse side, if you are a U.S. person (including a U.S. resident alien), to give us your correct TIN and, when applicable to:

1. Certify the TIN you are giving is correct.
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you do not provide us with the information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on backup withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Specific Instructions: Enter your legal name on that line. Your legal name is the one that appears on your Social Security Card or your Employer Identification Number if a business. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders enter that address on the appropriate line.

Next select the organization type for your name, check the box, and record the appropriate taxpayer identification number (TIN) in the space provided. Notice that individuals and sole proprietors are the only types with a social security number. If you are a corporation or an exempt 501(a) organization, you must answer yes or no on legal and medical services. If you are a sole proprietor you must show the business owner's name in the legal name box and the business name in the trade name box. You cannot use only the business name. For the TIN, you may use either the individual's SSN or the employer identification number (EIN) of the business. However, the IRS prefers that you show the SSN.

Finally, complete the certification section, sign and date the form.

If you are a foreign person, use the appropriate Form W-8.

Taxpayer Identification Number Request

State of Indiana

W-9

DO NOT send to IRS

Print or Type		Return to address below
Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE		
Trade Name Complete only if doing business as (D/B/A)		
Remit Address		
Purchase Order Address- Optional		
Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below: (SSN = Social Security Number, EIN = Employer Identification Number)		SSN or EIN must be for legal name above.
<input type="checkbox"/> Individual	(Individual's SSN) _____	
<input type="checkbox"/> Sole Proprietorship (Owner's SSN or Business EIN)	SSN _____ EIN _____	
<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	(Partnership's EIN) _____	
<input type="checkbox"/> Estate / Trust Note: Show the name and number of the legal trust, or estate, not personal representatives.	(Legal Entity's EIN) _____	
<input type="checkbox"/> Other (Limited Liability Company, Joint Venture, Club, etc)	(Entity's EIN) _____	
<input type="checkbox"/> Corporation Do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no	(Corp's EIN) _____	
<input type="checkbox"/> Government (or Government operated entity)	(Entity's EIN) _____	
<input type="checkbox"/> Organization Exempt from Tax under Section 501(a) Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no	(Org's EIN) _____	
<input type="checkbox"/> Check here if you do not have a SSN or EIN but have applied for one.		

Under penalties of perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type)	_____	TITLE	_____
AUTHORIZED SIGNATURE	_____	DATE	_____
		PHONE	_____

Agency use only

Agency	_____	1099	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by: _____
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